

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY

JAN 18 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Daniel Amatore
Address: 21 Burnside Ave Lancaster NY
Phone Number: 716 803-7667
2. a. Title of Town Position: High Supt
b. Department, Agency, or other Governmental Agency or Entity: Town of Lancaster NY
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
Address & S.B.L. Number
Primary: 21 Burnside Ave
Other: 5818 Broadway 5820 Broadway 25 Central
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Owner</u>	<u>5820 Broadway</u>	<u>Town</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

5820 Broadway Inc
Pres

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

Franklin G. Miller

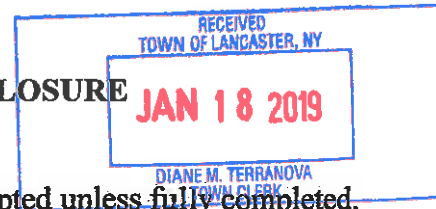
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount. *(If none, please state not applicable, NA).*

Signature of Reporting Individual

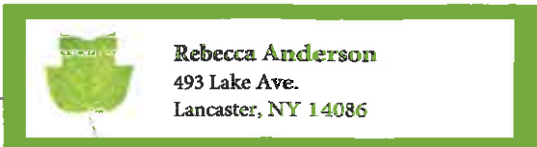
Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: 
Address: _____
Phone Number: 681-9549

2. a. Title of Town Position: Planning Board (member)

b. Department, Agency, or other Governmental Agency or Entity:
Planning Board

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 493 Lake Avenue 126.08-1-1.1 residence

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO N/A

Signature of Reporting Individual

Rebecca Jean Anderson

Date

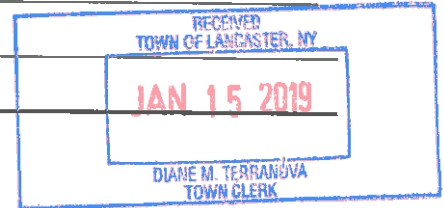
1/18/2019

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Rebecca Baker
Address: 12574 Hunts Crns Rd
Phone Number: 542-2275



2. a. Title of Town Position: Assessor

b. Department, Agency, or other Governmental Agency or Entity:

Assessment Department

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: N/A

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Rebecca K. Pale

Date

1/15/19

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Michelle Barbaro
Address: 577 Erie Street, Lancaster NY 14086
Phone Number: 716-982-5768
2. a. Title of Town Position: Park Crew Chief
- b. Department, Agency, or other Governmental Agency or Entity:
Town of Lancaster Parks & Recreation
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
- Address & S.B.L. Number
Primary: 577 Erie Street, Lancaster NY 14086
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*
- | <u>Position</u> | <u>Organization</u> | <u>Address of Organization</u> |
|-----------------|---------------------|--------------------------------|
| <u>N/A</u> | _____ | _____ |
| _____ | _____ | _____ |

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO

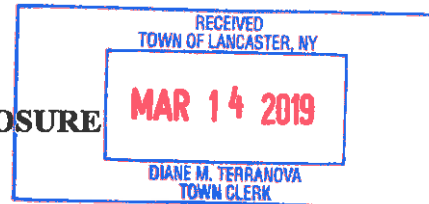
Signature of Reporting Individual

Michelle Barbano

Date

1/15/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

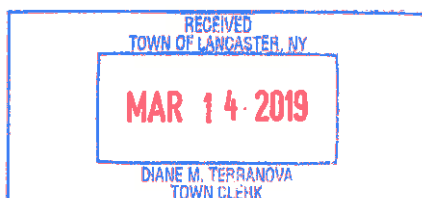
1. Name: ROBERT G. BENZEL
Address: 28 LOMBARDY ST. LANCASTER
Phone Number: 683-5249
2. a. Title of Town Position: CEO
b. Department, Agency, or other Governmental Agency or Entity:
LANCASTER INDUSTRIAL DEVELOPMENT
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: 28 LOMBARDY STREET
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA



5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NIAGARA REWIND, NIAGARA FALLS NY

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

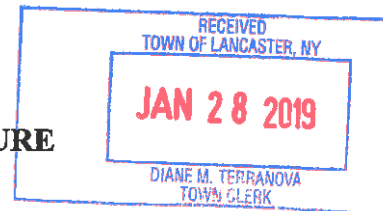
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Catherine Braniewski
Address: 2 Pelham Road Lancaster
Phone Number: 716-213-7269 (cell phone)
2. a. Title of Town Position: Assessment Review Board member

b. Department, Agency, or other Governmental Agency or Entity:
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 2 Pelham Rd Lancaster SBL 93.16-2-4D
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NA/NA</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

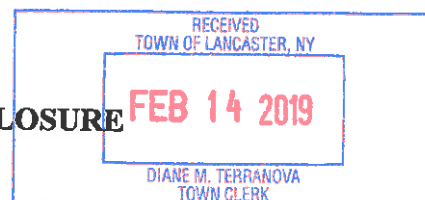
N/A

Signature of Reporting Individual

Catherine M. Berman

Date Jan. 23, 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Daniel Beutler
Address: 26 Tyler Street Depew NY 14043
Phone Number: 716-683-7448
2. a. Title of Town Position: Zoning Board Member
b. Department, Agency, or other Governmental Agency or Entity:
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary:
Other:
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

None

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

None

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

None

Signature of Reporting Individual

None

Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Anthony J. Cervi
Address: 34 Nicholas Lane, Lancaster, N.Y. 1408
Phone Number: 716-481-9544

2. a. Title of Town Position: Lancaster Town Judge

b. Department, Agency, or other Governmental Agency or Entity:

Town Courts

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 34 Nicholas Lane primary residence
Other: 74 Laverack rental property

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Attorney/owner</u>	<u>Law Office of Anthony Cervi</u>	<u>43 Court Street, Buffalo, N.Y. 14202</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

Guinzo Properties, LLC 43 Court St, Buffalo, N.Y.
President/Member

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

Law Office of Anthony Cervi, Legal

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

~~None~~ N/A

Signature of Reporting Individual

Date

3/05/19

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JEREMY COLBY
Address: 9 BROADMOOR CT
Phone Number: 716-994-6441

2. a. Title of Town Position: TOWN JUSTICE

b. Department, Agency, or other Governmental Agency or Entity:

TOWN COURT

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 9 BROADMOOR CT

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

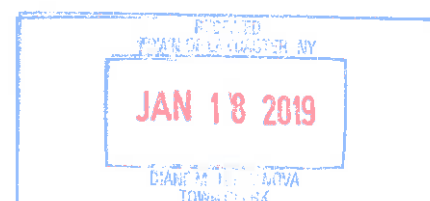
Organization

Address of Organization

PARTNER

WEBSTER SZANYI

1400 LIBERTY BLDG.



5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

WEBSTER SZANY LLP

1400 LIBERTY RD

PARTNER

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

REAL ESTATE RENTAL INCOME

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO - ONLY GAVEL PAPERWEIGHT FROM RETIRED JUSTICE

Signature of Reporting Individual

JO. CAY

Date 1/17/19

(UNKNOWN VALUE)
(NOT LIKELY EXCEEDING
\$75)

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Johanna M. Coleman

Address: 60 Creekwood Dr.

Lancaster NY 14086

Phone Number: 716-683-3868

JAN 22 2019

2. a. Title of Town Position: Supervisor

b. Department, Agency, or other Governmental Agency or Entity: Town of Lancaster

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary Residence: 60 Creekwood Dr., Lancaster, NY SBL: 115.16-1-11

Other: NONE

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date January 21, 2019

JAN 25 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Neil R. Connelly
Address: 2255 Como PARK Blvd.
Phone Number: 716-684-6608
2. a. Title of Town Position: Planning Board Member
b. Department, Agency, or other Governmental Agency or Entity:
Planning Bd., Town of Lancaster
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
- Address & S.B.L. Number
Primary: 2255 Como PARK Blvd.
Other: 94-09-1-7 94-14-5T.
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

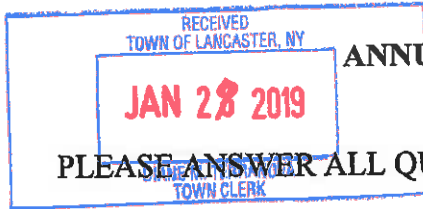
NA

Signature of Reporting Individual

Pat R. Connolly

Date

1/25/2019



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Eric T. Cornell
Address: 27 Plumb Creek Trail Lancaster, NY 14086
Phone Number: 544-5614

2. a. Title of Town Position: Youth board member

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Bureau

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 27 Plumb Creek Trail Lancaster, NY 14086
Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

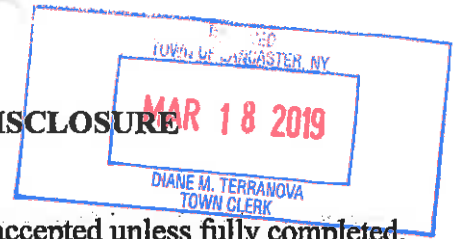
Signature of Reporting Individual

Eric Crowe

Date

1-18-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Adam Dikmen
Address: 34 Chasten Ct.
Phone Number: 716 - 864 - 8719
2. a. Title of Town Position: Councilman
- b. Department, Agency, or other Governmental Agency or Entity:
Town board
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
- Address & S.B.L. Number
Primary: 34 Chasten Ct
Other: 25 4th Avenue
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

n/a

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

n/a

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

n/a

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

n/a

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

n/a

Signature of Reporting Individual

Date

3-16-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY

FEB 15 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: DAVID M DZWIGAL
Address: 138 SIEBERT RD
Phone Number: 686-9112(H) 207-2583(C)
2. a. Title of Town Position: MEMBER
- b. Department, Agency, or other Governmental Agency or Entity:
ETHICS BOARD
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: 138 SIEBERT RD SBL 145289.05-1-35
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

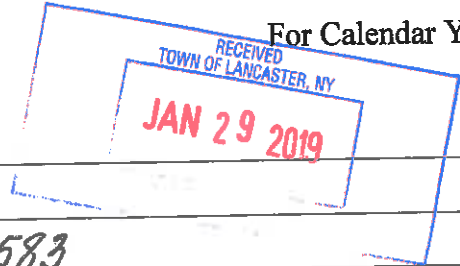
David M. Zwigal

Date 02/12/2019

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019



1. Name: DAVID M DZWIGAL
Address: 138 SIEBERT RD
Phone Number: (H) 686-9112 (C) 207-2583

2. a. Title of Town Position: MEMBER

b. Department, Agency, or other Governmental Agency or Entity:
ETHICS BOARD

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 138 SIEBERT RD SBL# 145289 127-05-1-35

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

- NA -

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

-NA-

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

-NA-

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

-NA-

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

-NA-

Signature of Reporting Individual

Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY

FEB - 5 2019

DIANE M. TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: FRANK J FALKIEWICZ II
Address: 188 MARANO DR
Phone Number: 716-830-5626
2. a. Title of Town Position: BOARD MEMBER ASSESSMENT REVIEW BOARD

b. Department, Agency, or other Governmental Agency or Entity:
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 93-17-2-13
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NA</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO

Signature of Reporting Individual

[Signature]

Date

2/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
FEB 15 2019

NAME OF TERRANOR

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: MATTHEW FISCHIONE
Address: 100 STONY RD., LANCASTER NY 14086
Phone Number: 716-989-7744
2. a. Title of Town Position: SUPERVISING CODE ENFORCEMENT OFFICER
- b. Department, Agency, or other Governmental Agency or Entity:
Building Dept.
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
- Address & S.B.L. Number
Primary: 100 STONY RD. SBL# 94.03-2-23.1
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NONE</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NONE

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NONE

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Martin J. Smith

Date

2/15/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
MAR 20 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Devon George
Address: 5 Stone Hedge Drive Lancaster, NY
Phone Number: (716) 435-1400

2. a. Title of Town Position: Member (Youth Representative)

b. Department, Agency, or other Governmental Agency or Entity:
Youth Board

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 5 Stone Hedge Drive Lancaster, NY
Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>(NA) Not applicable</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

(NA) Not applicable

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

(NA) Not applicable

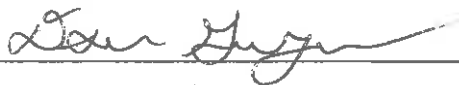
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

(NA) Not applicable

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

(NA) Not applicable

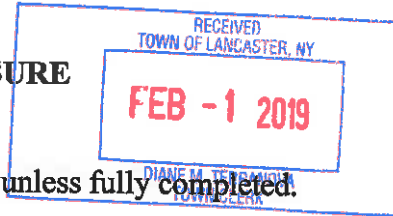
Signature of Reporting Individual



Date

3/18/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Korissa Gozdziak
Address: 128 Court St
Phone Number: (716) 817-4819
2. a. Title of Town Position: Lancaster Youth Board Member

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Board
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 128 Court Street
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount; *(If none, please state not applicable, NA).*

NA

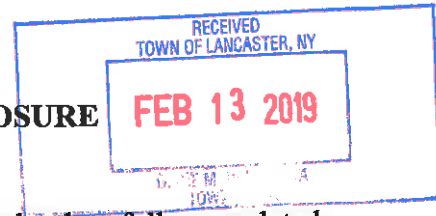
Signature of Reporting Individual

Kimberly M. Hodge

Date

2/1/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Benjamin Fox
Address: 27 Tranquility Trail Lancaster, NY 14086
Phone Number: (716)-684-6218

2. a. Title of Town Position: Youth Board Member

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Board

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 27 Tranquility Trail Lancaster, NY 14086 94.17-2-46
Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>	_____	_____
_____	_____	_____

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

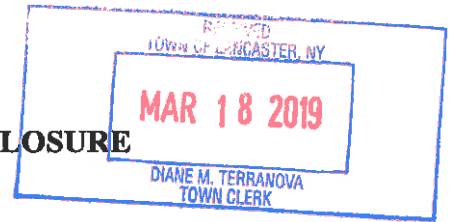
Signature of Reporting Individual

Benjamin A. Fort

Date

February 10th, 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Dawn Gaczewski
Address: 182 Central Avenue, Lancaster NY 14086
Phone Number: (716) 685-8077 / (716) 912-4844

2. a. Title of Town Position: Council Member

b. Department, Agency, or other Governmental Agency or Entity:
Contracted Services as Village of Lancaster Events Coordinator

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 182 Central - SBL 104-15-8-13.1
Other: 176 Central - SBL 104.15-12-10

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Owner</u>	<u>d/b/a AdWorks</u>	<u>182 Central Ave</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

AdWorks - advertising specialties
Village of hamroster - events coordination

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

[Signature]

Date

3/17/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

JAN 25 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Grant Getzoni
Address: 18 Lakeside Crescent, Lancaster, NY 1408
Phone Number: 716-435-8080

2. a. Title of Town Position: Ethics Board Member

b. Department, Agency, or other Governmental Agency or Entity:

Ethics Board

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 115. 36-2-2

Other: 104. 30-1-2 Business

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

Owner

The Getzoni Agency

8427 Transit Rd
williamsville, NY

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

The Getzoni Agency 8427 Main St President
Inc Williamsville, NY

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

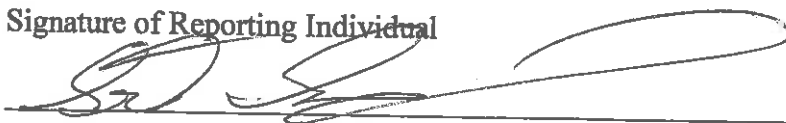
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual



Date

1/22/19

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: ANTHONY E. GORSKI
Address: 192 WESTWOOD ROAD, LANCASTER N.Y. 14086
Phone Number: 716-685-3816

2. a. Title of Town Position: PLANNING BOARD

b. Department, Agency, or other Governmental Agency or Entity:
TOWN OF LANCASTER

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 192 WESTWOOD ROAD
Other: N/A.

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

KIDENEY ARCHITECTS 143 GENESEE ST. BUFFALO N.Y. 14203 PRINCIPAL

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

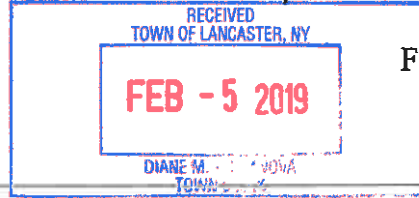
Signature of Reporting Individual

Anthony E. Garbi

Date FEB. 6, 2019

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.



For Calendar Year 2019

1. Name: STEVE HOFFMAN
Address: 16 Colony St Depew
Phone Number: 716-870-7614

2. a. Title of Town Position: LIDA member

b. Department, Agency, or other Governmental Agency or Entity:

LIDA

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 93-18-4-12

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

n/a

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

n/a


7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

n/a

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

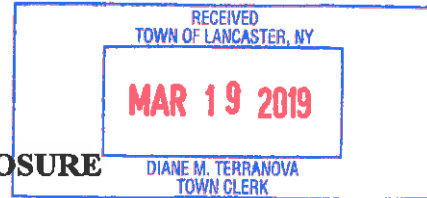
n/a

Signature of Reporting Individual



Date

2/5/19



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: GARY S. HOWELL
Address: 633 TERRACE BLVD DPW NY 14043
Phone Number: 716-440-4688
2. a. Title of Town Position: LIBRARY TRUSTEE
b. Department, Agency, or other Governmental Agency or Entity:
LANCASTER PUBLIC LIBRARY
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: 633 TERRACE BLVD DPW NY 14043
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NONE

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NONE

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NONE

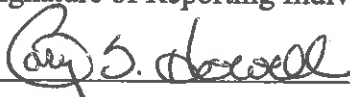
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date

3-16-2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
JAN 23 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Jerome Imiola
Address: 4 Peachtree Ct. LANC. 14087
Phone Number: 716-683-0815

2. a. Title of Town Position: Assessment Review Board

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 4 Peachtree Ct., LANC.

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

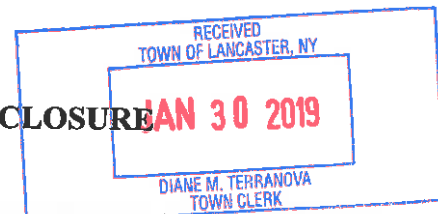
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

Signature of Reporting Individual

Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Suzanne M. Jacobs
Address: 6008 Genesee St. Lancaster
Phone Number: 681-5494
2. a. Title of Town Position: Trustee; Board Member
b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Library
Lancaster Youth Bureau
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: 6008 Genesee St. Lanc SBL 83.00-5-16
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

None

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

None

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

None

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

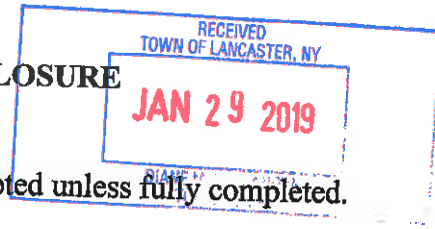
No

Signature of Reporting Individual

Suzanne M. Jacobs

Date 1-27-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JOSEPH W. KEEFE
Address: 9 BLOOMFIELD AVE DEPEN, N.Y. 14043
Phone Number: 716 - 684 - 3614

2. a. Title of Town Position: BOARD MEMBER

b. Department, Agency, or other Governmental Agency or Entity:
TOWN OF LANCASTER, N.Y. PLANNING BOARD

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number (home)
Primary: 9 BLOOMFIELD AVE, DEPEN N.Y. 14043-104. 71-1-32
Other: + adjacent vacant lot - 104. 71-1-31

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Law office of</u>	<u>JOSEPH W. KEEFE</u>	<u>25 CENTRAL AV.</u>
<u>OWNER</u>		<u>LANCASTER N.Y.</u>
		<u>14066</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA).

Name of Corporation
or Limited Partnership

Address

Position

NONE / N.A.

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).

GENERAL LAW PRACTICE.

25 CENTRAL AVE.

LANCASTER, N.Y. 14086.

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).

n/a

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA).

n/a

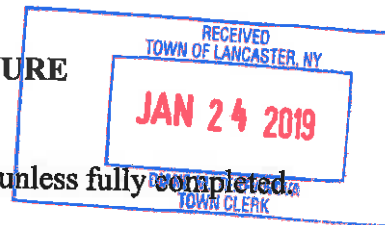
Signature of Reporting Individual

[Signature]

Date

1 - 19 - 19.

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Keith S Kerl
Address: 47 Brunck Rd Lancaster NY
Phone Number: 716-681-8635

2. a. Title of Town Position: Youth Bureau Board

b. Department, Agency, or other Governmental Agency or Entity:
Youth Bureau

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 47 Brunck Rd, Lancaster NY

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

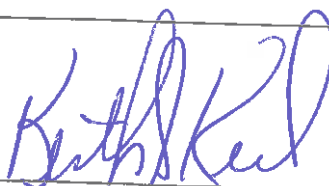
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date

1/21/19

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: STANLEY J. KEYSA
Address: 65 COURT ST. LANCASTER, N.Y.
Phone Number: (716) 685-3029
2. a. Title of Town Position: PLANNING BOARD MEMBER
- b. Department, Agency, or other Governmental Agency or Entity:
TOWN OF LANCASTER PLANNING BOARD
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
- Address & S.B.L. Number
Primary: 65 COURT ST., LANC. 104.76-2-14
Other: NA.
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*
- | <u>Position</u> | <u>Organization</u> | <u>Address of Organization</u> |
|--------------------------------|--|--------------------------------|
| <u>BOARD MEMBER</u> | <u>LANCASTER RURAL CEMETERY ASSOC.</u> | <u>70 CEMETERY RD.</u> |
| <u>RURAL CARRIER ASSOCIATE</u> | <u>UNITED STATES POSTAL SERVICE</u> | <u>1763 COMO PARK BLVD.</u> |



5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

Stanley L. Kysa III

Date MARCH 19, 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE , JAN 23 2019
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Lawrence Korzeniewski
Address: 7 Tanglewood Dr Lancaster NY
Phone Number: 716 796-4889 6838324
2. a. Title of Town Position: Planning Board Member
b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: 93.15-5-12
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NONE</u>	<u>N/A</u>	

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date

11/23/19